



STATE OF MAINE
BOARD OF DENTAL EXAMINERS

LICENSE VERIFICATION REQUEST

REQUESTOR'S INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
COMPANY			
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()		
EMAIL			
SIGNATURE		DATE	

Maine Board of Dental Examiners
License Verification Request
Required Fees: \$15.00 (Non-Refundable)

\$15.00 per verification

_____ Number of Verifications Requested

\$_____ Total Amount

Office Use Only:

2642- \$15.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

LICENSEE INFORMATION — This form may be used for single or multiple license verifications.

NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print name on card)

I authorize the Board of Dental Examiners to charge my
 VISA M/C Discover the following amount: \$_____

Card number: _____ Expiration Date _____ / _____

SIGNATURE DATE

ADDRESS TO SEND LICENSE VERIFICATION FOR*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

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STATE OF MAINE
BOARD OF DENTAL EXAMINERS

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143 **Courier/Delivery address:** 161 Capitol Street, Augusta, Maine 04330 Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine relay 711 web: www.maine.gov/dental

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333-0143
- **Where are you located?** 161 Capitol Street, Augusta, Maine
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **How long does it take to process an application?** License Verifications are processed within 10-14 business days of being received.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.